

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039329

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 394

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 17 1963

1. PLACE OF DEATH a. COUNTY <b>Cole</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri State Penitentiary</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b> c. CITY OR TOWN <b>St Louis Mo</b> d. STREET ADDRESS (If outside, give location) <b>1620 Carver Lane</b>	
3. NAME OF DECEASED (Type or print) <b>Robert Aldon Bartlett</b>		4. DATE OF DEATH Month <b>October</b> Day <b>12</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-2-44</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	9. AGE (last birthday) <b>19</b>
11a. FATHER'S NAME <b>Barlett</b>		11b. MOTHER'S MAIDEN NAME <b>Lena Anderson</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Missouri State Pen. Files</b>		18. NAME OF HUSBAND OR WIFE <b>Never married</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Star wounds of chest involving</b> <b>Heart</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>(Coroner informed)</b> DUE TO (c) <b>(Coroner informed)</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>5:30</b> a.m. <b>PM</b> Month, Day, Year <b>10-12-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Washington Park Cemetery</b>	20f. CITY, TOWN, OR LOCATION <b>St. Louis County, Mo.</b>
21. I attended the deceased from <b>5 PM (approx)</b> to <b>not recently</b> and last saw her alive on <b>10-12-63</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Theresa E. Richter</b> (Degree or title)		22b. ADDRESS <b>Theresa E. Richter</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>October 16 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
24. FUNERAL DIRECTOR <b>A.F. Walton</b> ADDRESS <b>St. Louis, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>13 October 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Theresa E. Richter</b>			

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

10-23-63  
Washington Park Cemetery  
Greenwood Cemetery

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

OCT 18 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Alfred P. Freeman

Licensed Embalmer No. 4623

P. O. Address J. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.